

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577, 684

FILING DATE

5-1-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6		2				
7	1					
8		1				
9		1				
10	1					
11	1					
12		2				
13		3				
14		3				
15		3				
16		3				
17		1				
18		2				
19		2				
20		6				
21		6				
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50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	105	←		←		←
TOTAL CLAIMS	111					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						